

Docket No.: PF147D1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hastings et al.

Application No.: 09/037,460

Group Art Unit: 1647

Filed: March 10, 1998 Examiner: C. Saoud

For: Human Vascular IBP-Like Growth Factor

Polynucleotides (as amended)

RECEIVED

TECH CENTER 1600/290

NOTICE OF APPEAL

Commissioner for Patents Washington, DC 20231

Dear Sir:

Applicant hereby appeals to the Board of Appeals from the last decision of the Patent Examiner dated July 15, 2002, finally rejecting claims 54-67, 75-92, 102-107, 115-119 and 122-175 of the above-identified patent application.

Please charge the required fee of \$320.00, and any other fees deemed necessary, to Deposit Account No. 08-3425, as noted on the enclosed Fee Transmittal Sheet.

Dated: (92+15,2002)

Respectfully submitted,

Michele M. Wales

Registration No.: 43,975

HUMAN GENOME SCIENCES, INC.

9410 Key West Avenue Rockville, Maryland 20850

(301) 610-5772

Attorneys for Applicant

ता 1 5 2002 😂				D-44 -	Appro	ved for use through 10/31/2002. O	/SB/17 (11-01) MB 0651-0032	
Under the Paperwork Reduction Act of 1995, no persons are requ	aired to	respond	to a co	lection o	of informati		ontrol number.	
FADENPÉE TRANSMITTAL			Complete if Known					
		Application Number			er	09/037,460-Conf. #7163	<u> </u>	
for FY 2002			Filing Date			March 10, 1998		
Patent fees are subject to annual revision.		First Named Inventor Examiner Name			ntor	Greg A. Hastings	CEIVE	ΞL
						C. Saoud RE	<u>ULIV</u>	
Applicant claims small entity status. See 37 CFR 1.27			o Art L			1647	- 1 2 3 0	102
TOTAL AMOUNT OF PAYMENT (\$) 320.00		Attorr	ney Do	cket No	0.	PF147D1 0C	T 1840	
METHOD OF PAYMENT (check all that apply)	<u> </u>			FEE	EE CALCULATION (continued)			cul
Check Credit Money Order Other None X Deposit Account	3. A	DDITI	ONAL	. FEES	:	TECH!	CENTER	OO
Deposit		Entity		II Entity	_			
Account 08-3425 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description	Fee Paid	
Deposit	105	130	205	65	Surchare	e – late filing fee or oath		
Account Name Human Genome Sciences, Inc.	1				_	e – late ming lee or oath e – late provisional filing fee or cove	<u>,</u>	
The Commissioner is hereby authorized to: (check all that apply)	127	50	227	25	sheet.	providental ming los of cove		
X Charge fee(s) indicated below X Credit any overpayments	139	130	139	130	Non-Engl	ish specification		
X Charge any additional fee(s) during the pendency of this application	147	2,520	147	2,520	For filing a	a request for ex parte reexamination		
Charge fee(s) indicated below, except for the filing fee	112	920*	112	920*	Requestir Examiner	ng publication of SIR prior to		
to the above-identified deposit account.	113	1,840*	113	1,840*	Requesti	ng publication of SIR after		
FEE CALCULATION	115	110	215	55	Examiner Extension	r action In for reply within first month	├ ── 	
1. BASIC FILING FEE	116	400	216	200		n for reply within second month		
Large Entity Small Entity	117	920	217	460	Extension	for reply within third month		
Fee Fee Fee Fee Code (\$) Fee Description Fee Paid	118	1,440	218	720	Extension	n for reply within fourth month		
101 740 201 370 Utility filing fee	128	1,960	228	980	Extension	n for reply within fifth month		
106 330 206 165 Design filing fee	119	320	219	160	Notice of	Appeal	320.00	
107 510 207 255 Plant filing fee	120	320	220	160	_	rief in support of an appeal		
108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee	121	280 1,510	138	140 1,510		for oral hearing o institute a public use proceeding	<u> </u>	
,	140	110	240	55		o revive – unavoidable		
SUBTOTAL (1) (S) 0.00	141	1,280	241	640	Petition to	o revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	142	1,280	242	640	Utility issi	ue fee (or reissue)		
Extra Fee from Fee Paid	143	460	243	230	Design is	sue fee		
Total Claims -** = x =	144	620	244	310	Plant issu	ue fee		
Independent Claims -** = X = =	122	130	122	130	Petitions	to the Commissioner		
Multiple Dependent =	123	50	123	50	Processir	ng fee under 37 CFR 1.17(q)		
Large Entity Small Entity	126	180	126	180		on of Information Disclosure Stmt		
Fee Fee Fee Fee Code (\$) Fee Description	581	40	581	40		g each patent assignment per (times number of properties)		
103 18 203 9 Claims in excess of 20	146	740	246	370	Filing a s	ubmission after final rejection 1.129(a))		
102 84 202 42 Independent claims in excess of 3	149	740	249	370	For each	additional invention to be		
104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims	179		279			d (37CFR 1.129(b))		
over original patent	169	740 900	169	370 900	-	for Continued Examination (RCE) for expedited examination		
110 18 210 9 ** Reissue claims in excess of 20 and over original patent		900 fee (spe	l	300		n application		
SUBTOTAL (2) (\$) 0.00	Į.	` '	•	iling Fee	a Paid	SUBTOTAL (3) (\$)	320.00	
**or number previously paid, if greater; For Reissues, see above	l ueg	uceu by	Dasiti F	mig ree	e raiu	SUBTUTAL (3) (3)	320.00	
SUBMITTED BY	_					Complete (if applicable)		
Name (Print/Type) Michele M. Wales		ration N		3,975		Telephone (301) 610-577	2	
Signature	Millom	ey/Agent	<i>,</i>	,- , -		0.112	202	
Julie Hill	<u> </u>					Date SOLS	10	